Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09-24-2010</u>	Address:	3114 E Lynn Ave
Case #:	<u>96-</u> 06061		Terre Haute, IN
County:	Vigo		47805
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
_	ional Lab cal/Glasswarc/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other;
Items Found: Location (hedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Basement			
Water Reactive Metal (Lithium): Basement			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base: Basement			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) cport to Child Protective Services	Ephedrin	<u>e Information</u> c/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: Possey VFD	Fax: (812)	
Health Department: Clay County		Fax: <u>(812)</u> Fax:	
Child Prote	ection Service:	J. 80771	_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Ritch A. Reynolds</u> Phone (812)299-1153			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the ease file, and a copy sent to the Clandestine Laboratory Team Leader for retention.